

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE PROTECTIVE PLACEMENT OF **Petition on Objections to Transfer**

Date of Birth _____

Case No. _____

1. I am the:

- ☐ guardian.
☐ ward.
☐ attorney.
☐ other interested person: _____

2. I request a court hearing on objections to the transfer of the ward from the current placement at _____ to placement at _____.

3. I object to the transfer because:

- ☐ the transfer is not to the least restrictive placement consistent with the needs of the ward.
☐ the transfer to an intermediate facility or nursing facility is not to the most integrated setting appropriate for the needs of the ward with developmental disabilities.
☐ other: _____ ☐ See attached

4. The proposed transfer is not consistent with the requirements for protective placement and necessary for the best interests of the ward because: _____

☐ See attached

5. I request the court appoint a guardian ad litem and conduct a hearing within 96 hours to determine whether there is probable cause:

- ☐ to believe that the transfer is consistent with the requirements for placement and is necessary for the best interests of the ward.
☐ to determine if the transfer to an intermediate facility or to a nursing facility is the most integrated setting that is appropriate to the needs of the ward with developmental disabilities.

Subscribed and sworn to before me on _____.

Notary Public, State of Wisconsin

My commission expires: _____

Name of Attorney

Address

Telephone Number

Bar Number

Signature of Petitioner

Name Printed or Typed

Address